Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

JUN-P6047-SH

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			47		K. S. S. W. S.		Г	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			47 minus 20=		. 27			X\$ 9=		OR	X\$18=	486.c
INDEPENDENT CLAIMS			4 minus 3 =		· /	• /		X40=		OR	X80=	80.0
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ess than zero, enter "0" in column			L	TOTAL		OR	TOTAL	1276.0
CLAIMS AS AMENDED - PART II										' .	OTHER	THAN
		(Column 1)			mn 2)	(Column 3)	_	SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	TCLAIM	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							L 4	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		000			ADD	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	T CLAIM	= -		X40=		OR	X80=	
	FIRST PRESE	NIAHON OF W	ULTIPLE DEF	PINDEN	I CLAIIVI		, [+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	J,		ımn 2)	(Column 3)				•		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	• ENTATION OF M	Minus	PENDEN	T CLAIN	=	1 [X40=		OR	X80=	
_	FIRST PRESE	ENTATION OF IV	IOLITELE DEI	PENUCIA	II OLAIN		┙┌	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE	
***	'If the "Highest Nu The "Highest Nur	umber Previously Pa mber Previously Pa	aid For (Total c	or Indepen	: is less the	e highest numb	er fou	nd in the app	oropriate bo	x in co	olumn 1.	